FEE TRANSMITTAL FOIR FY 2009 Applicant claims small entity status. See 37 CFR 1.27 Applicant claim small entity status. See 37 CFR 1.27 Applicant claims small entity status. See 37 CFR 1.27 Applicant claim specific claims small entity status. See 37 CFR 1.27 Application Number of see 57 See 58 See 59 See 58 See 58 Fee Small Entity	Effective on 12/08/2004.	Complete if Virginia				
Filing Date \$3/26/2004		Complete if Known				
Applicant claims small entity status. See 37 CFR 1.27 Examiner Name Kent L. Bell Art Unit. 1661	FEE TRANSMITTAL					
Applicant claims small entity status. See 37 CFR 1.27 Applicant claims small entity status. See 37 CFR 1.27 Applicant claims small entity status. See 37 CFR 1.27 Art Unit	For FY 2009					
Art Unit 1661 TOTAL AMOUNT OF PAYMENT (\$) 100.00 Attorney Docket 4514 - 043759 Attorney Docket 4514 - 043759						
METHOD OF PAYMENT (clock all that apply)	Applicant claims small entity status. See 37 CFR 1.27					
Check Credit Card	TOTAL AMOUNT OF PAYMENT (\$) 100 00		!- ·		•	
Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 23-0650 Deposit Account Name:						
Deposit Account Deposit Account Number: 23-0650 Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below	METHOD OF PAYMENT (check all that apply)					
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fec(s) indicated below Charge fec(s) indicated below, except for the filing fec Charge fec(s) indicated below, except for the filing fec Charge fec(s) indicated below, except for the filing fec Charge fec(s) indicated below, except for the filing fec Charge fec(s) indicated below, except for the filing fec Charge fac(s) indicated below, except for the filing fec Charge fac(s) indicated below, except for the filing fec Charge fac(s) indicated below, except for the filing fec Charge fac(s) indicated below, except for the filing fec Charge fac(s) indicated below, except for the filing fec Charge fac(s) indicated below, except for the filing fec Charge fac(s) indicated below, except for the filing fec Charge fac(s) indicated below, except for the filing fec Charge fac(s) indicated below, except for the filing fec Charge fac(s) indicated below, except for the filing fec Charge fac(s) indicated below, except for the filing fec Charge fac(s) indicated below, except for the filing fec Charge fac(s) indicated below, except for the filing fec Charge fac(s) indicated below, except for the filing fec Charge fac(s) indicated below, except for the filing fec Charge fac(s) indicated below. Extra Charal may be subject to a surcharge. EXAMINATION FEES Small Entity Small Entity Fee (S) Fee	Check Credit Card Money Order Other (please identify):					
Charge fee(s) indicated below						
Charge any additional fee(s) or underpayments of fee(s) WARNING: Information and subtractation on PTO-2038. WARNING: Information and subtractation on PTO-2038. WEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.) 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES Small Entity Application Type Fee (\$) Fee (\$	For the above-identified deposit account, the Director is	hereby authorized to: (cl	heck all that apply)		•	
Y under 37 CFR 1.16 and 1.17		ш -	e(s) indicated below, exce	ept for the fil	ing fee	
Record R						
BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH, SEARCH, SEARCH, SEARCH, FEES SEARCH FEES	WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
BASIC FILING, SEARCH, AND EXAMINATION FEES SEARCH FEES SEARCH FEES SEARCH FEES Small Entity Small E						
FILING FEES SEARCH FEES SEXAMINATION FEES Small Entity S		and gove to a se	9**/			
Application Type Fee (\$) Fee (EES EXAMINA	TION FEES			
Design 220 110 100 50 140 70					1.00	
Design 220 110 100 50 140 70				Fees Pai	<u>d (\$)</u>	
Plant 220 110 330 165 170 85						
Reissue 330 165 540 270 650 325	,		A			
Provisional 220 110 0 0 0 0 0 0 0 2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claim over 3 (including Reissues) Multiple dependent claims -20 or HP						
Small Entity Fee Description Fee (\$) Fee (\$)						
Each claim over 20 (including Reissues) 52 26		0 0	0			
Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims - 20 or HP Extra Claims - x = x = Fee (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims - 3 or HP Extra Claims Fee (\$) Fee (\$) Fee Paid (\$) HP = highest number of independent claims paid for, if greater than 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Fee Paid (\$)						
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4 OTHER FEE(S)						
rees raid (5)	Fees Paid (\$)					
Non-English Specification, \$130 fee (no small entity discount)	· · · · · · · · · · · · · · · · · · ·					
Other (e.g., late filing surcharge): Certificate of Correction \$100.00	\$100.00					
SUBMITTED BY						
Signature Registration No. (Attorney/Agent) 36,216 Telephone 412-471-8815	Signature / / / / / / / / / / / / / / / / / / /		36 216 Teleph	one 414	2_471 2215	
Signature (Attorney/Agent) 36,216 Telephone 412-471-8815 Name (Print/Type) Julie W. Meder Date December 23, 2010	The way	(Attorney/Agent				